

XC- 1645378
SL- 13468

FILED DEC 10 1957
Registration District No.

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

318

Primary Registration District No.

1003

STATE FILE NUMBER

Registrar's No. 11527

S. 300
v. 1-57

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. LOUIS</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>ST. LOUIS</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>ST. LOUIS</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) <u>35 HOSPITAL OR VET. ADM. HOSPITAL</u>		Length of stay in 1b <u>23 DAYS</u>	
3. NAME OF DECEASED (Type or print) First <u>OVERTON</u> Middle <u></u> Last <u>HIGHTOWER</u>		4. DATE OF DEATH Month <u>11</u> Day <u>29</u> Year <u>57</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>NEGRO</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>8-15-92</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABORER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>UNKNOWN</u>	9. AGE (In years) <u>65</u> Months <u></u> Days <u></u> Hours <u></u> Min. <u></u>
11. BIRTHPLACE (City and state or country) <u>TYLER, TEXAS</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>RUFFS HIGHTOWER</u>		13b. MOTHER'S MAIDEN NAME <u>EVELYN CHURCHILL</u>	
14. NAME OF HUSBAND OR WIFE <u>GENEVE HIGHTOWER</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES</u> <u>VW 1</u>	
16. SOCIAL SECURITY NO. <u>UNKNOWN</u>		17. INFORMANT <u>VA HOSP RECORDS</u> Address <u>915 N GRAND ST LOUIS MO</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>GENERALIZED METASTASES</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>ADENO CARCINOMA OF STOMACH</u> DUE TO (c) <u>- - - - -</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I. (a) <u>- - - - -</u>			INTERVAL BETWEEN ONSET AND DEATH <u>UNKNOWN</u> <u>6 MO.</u>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>151A</u>	
20c. TIME OF INJURY Hour <u></u> Month, Day, Year <u></u> a.m. <u></u> p.m. <u></u>		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> <u>VA</u> AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>VA</u>		20f. CITY, TOWN, OR LOCATION <u>ST. LOUIS</u> COUNTY <u>MO.</u> STATE <u>MO.</u>	
21. I attended the deceased from <u>11-6-57</u> to <u>11-29-57</u> and last saw him alive on <u>11-29-57</u> Death occurred at <u>1:35 A.M.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>M. D.</u>		22b. ADDRESS <u>VAH. ST. LOUIS, MO.</u>	
22c. DATE SIGNED <u>11-29-57</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	
23b. DATE <u>12-3-57</u>		23c. NAME OF CEMETERY OR CREMATORY <u>PARSON CEMETERY</u>	
23d. LOCATION (City, town, or county) <u>PARSON</u>		23e. STATE <u>KANSAS</u>	
24. FUNERAL DIRECTOR <u>J. McCLENDON</u>		25. DATE RECD. BY LOCAL REG. <u>DEC 2 57</u>	
26. REGISTRAR'S SIGNATURE <u>J. Carl Smith, M.D.</u>		26. REGISTRAR'S SIGNATURE <u>M. J. B.</u>	

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

JAN 8 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed John K. Cunningham

Licensed Embalmer No. 4476

P. O. Address 2405 - 6th Ave

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.